		(X1) PROVIDER/SUPPLIER/CLIA 369400	11.0	(x2) multiple construction  a. building b. wing	(X3) DATE SURVEY COMPLETED 10/09/2019				
name of provider or supplier NEW AVENUES - EDGERTON				street address, city, state, zip code 2441 EDGERTON RD UNIVERSITY HEIGHTS OH, 44118					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA	10				
K 0000	FIRE SAFETY SURV 2012 ICF/IID CODE E ADMINISTRATOR: If CENSUS: 7  PROMPT  BUILDING #1 OF #1  42 CFR 483.470 (j)  The facility must meet provisions of the 2012 the Life Safety Code of Protection Association  A Post Survey Revisit 10/09/19 for all previo deficiencies. All defic corrected as of 10/09/10 non-compliance was fithe annual survey.	EY REPORT EXISTING Karen Knavel  Existing edition of of the National Fire on.  I was conducted on usly cited lencies have been of the National at the time of	K 000	title	(x6) data				

any deficiency statement ending with an asteriek (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided, for nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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form approved omb no. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA 366400 street		(x2) multiple construction a. buildina b. wina  b. wina  address, city, state, zip code		(X3) DATE SURVEY COMPLETED 10/09/2019			
NEW AVENUES - EDGERTON				2441 EDGERTON RD UNIVERSITY HEIGHTS OH, 44118					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETIO N	
K 0000 BLD01	FIRE SAFETY SURV 2012 ICF/IID CODE E ADMINISTRATOR: IN CENSUS IN HOUSE: PROMPT  BUILDING 1 OF 1  42 CFR 483.470 (j)  The facility must meet provisions of the 2012 the Life Safety Code of Protection Association.  The following deficient annual survey completed in the Safety Code of Protection Association.	EY REPORT EXISTING Caren Knavel 7  If the applicable Existing edition of of the National Fire In. Incles are based on the ted 10/09/19.	K 00	00		title		(x6) date	

any deficiency statement ending with an asteriak (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) except for nursing homes, the findings stated above are discloseble 90 days following the date of survey whether or not a plan of correction is provided, for nursing homes, the above findings and plans of correction are discloseble 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

form cms-2567(02-99) previous versions obsolete

Event: 3QJX21

Fadlity ID:OH01650

**SAMANTHA, PAVONE** 

if continuation sheet

Page 1 of 7

10/15/2019

STATEMENT OF (X1) DEFICIENCIES PROVIDER/SUPPLIER/CLIA 36Q400				(x2) multiple co a. building b. wing	onstruction BLD 01	(X3) DATE SURVEY COMPLETED 10/09/2019		
name of provider or supplier  NEW AVENUES - EDGERTON				2441	address, city, state EDGERTON RD ERSITY HEIGHTS			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED , BY FULL		ID PREFIX TAG		(EACI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETIO N
K \$345 K \$345 BLD01	Continued From page NFPA 101 Fire Alarm and Maintenance Fire Alarm System - 1 Maintenance 2012 EXISTING (Prod A fire alarm system is maintained in accorda program complying w of NFPA 70, National NFPA 72, National Fil Signaling Code. Reco acceptance, maintena readily available. 9.7.5, 9.7.7, 9.7.8, and This STANDARD is no by: Based on Interview an facility failed to mainta interfaced equipment i Edition 2012 of NFPA Code, Section 9.6, and NFPA 72, Fire Alarm a Sections 14.2 and 14. potential to affect all so the facility.  Findings include:  On 10/09/19 at 11:03 a of life safety code documal nemance supervise of the safety and health facility falled to provide detector(s) tested or th tester(s).	System - Testing  Testing and  mpt) I tested and ance with an approved anth the requirements Electric Code, and re Alarm and ands of system ance and testing are  d NFPA 25 but met as evidenced and record review, the ain and test fire alarm in accordance with 101, Life Safety d Edition 2010 of and Signaling, 4. This had the even individuals in  A.M., during a review arments with the or, and upon request the consultant, the or a designation of the	K S3 K S3	45	STANDARD NATI to ensurall times by princluding during ituation. The fire alarm intervite Edition 2 Code, Section 72, Fire Alarm and 14.4. This seven individuantified on 10 inspections, to provided that regarding test information reduced the Designation of Signatures of representative be coming out and ensure the stay up to code.	(i) LIFE SAFETY CODE It is the practice and policy or the safety of each individual reviding a facility that is safe ing an unexpected emergence facility failed to maintain an erfaced equipment in accordance of the properties of NFPA 101, Life Safeth 19.6, and Edition 2010 of Nin and Signaling, Sections 14 is had the potential to affect a uals in the facility. Silco was 1/16/19 that a record of all esting, and maintenance she includes the following information and all the applicable equested in Figure 14.6.2.4; if the detector(s) tested (18) tester and approved authority 14.6.2.4 (NFPA 72). Silco was 14.6.2.4 (NFPA 72). Silco was 14.6.1 to the location to fix their reat the inspections continue to the compliance Date:  IATI Facilities Supervisor to impliance.	ual at cy d test ance ty FPA 3.2 all be nation (7) ty will sport	11/30/2019

		(X1) PROVIDER/SUPPLIER/CLIA 36G400		(x2) multiple c a. building b. wing	onstruction BLD 01	(X3) DATE SURVEY COMPLETED 10/09/2019		
name of provider or supplier NEW AVENUES - EDGERTON				2441	address, city, state EDGERTON RD ERSITY HEIGHTS			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			
K \$345	In addition, further invested was included was included was alarm testing report; y detectors were tested provided with the 06/0 testing report.  2. A log showing only stations tested was incompleted with the 06/07/18 fire alarm testing report.  3. Five door holders was provided with alarm testing report.  3. Five door holders was provided with the testing report; yet eight counted at the time of the first floor and two contents with the main verified the above finding discovery.  A record of all inspection maintenance shall be princludes the following it tests and all the application of the counted the flowing it tests and all the application of the counted the flowing it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests and all the application of the counted the following it tests are considered the following it tests and all the application of the counted the following it tests are considered the following it tests are considered to the following it tests a	moke detectors with the 06/07/18 fire et only 20 smoke and no log was 17/19 fire alarm  eight manual pull cluded with the sting report; yet nine ere tested and no the 06/07/19 fire  ere tested and no log 06/07/19 fire alarm at door holders were the survey, six on on the second floor.  Intenance supervisor ings at the time of  ons, testing, and crovided that information regarding able information 6.2.4: detector(s) tested er and approved	K \$3	45				

		(X1) PROVIDER/SUPPLIER/CLIA 36G400	OVIDER/SUPPLIER/CLIA		(x2) multiple construction  a. building  b. wing	(X3) DATE SURVEY COMPLETED 1D/09/2019			
name of provider or supplier NEW AVENUES - EDGERTON				2441	address, dty, state, zip code EDGERTON RD ERSITY HEIGHTS OH, 44118				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED 8Y FULL		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE				
K S351 BLD01	NFPA 101 Sprinkler S Sprinkler System - In Where an automatic s installed, for either to building coverage, the accordance with Sect shall initiate the fire a accordance with Sect modified below. The a supply shall be docum In Prompt Evacuation automatic sprinkler sy with NFPA 13D, Stand Installation of Sprinkler and two Family Dwelli Manufactured Homes Automatic sprinklers s in closets not exceedi feet and in bathrooms square feet, provided spaces are finished w materials providing a thermal barrier. In Prompt Evacuation where an automatic sp system is in accordant Standard for the Instal Sprinkler Systems, au shall not be required in exceeding 24 square i bathrooms not exceed provided that such spal lath and plaster or mat providing a 15-minute in Prompt Evacuation in buildings four or few	stallation sprinkler system is tal or partial a system shall be in tion 9.7 and larm system in tion 9.8, as adequacy of the water mented. If acilities, an retem in accordance dard for the ar Systems in One ings and I, shall be permitted. Ishall not be required ing 24 square Inot exceeding 55 Ithat such ith lath and plaster or 15-minute  Capability facilities brinkler ce with NFPA 13, llation of tomatic sprinklers in closets not leet and in ling 55 square feet, aces are finished with terial thermal barrier. Capability facilities	K S3		483.470(j)(1)(i) LIFE SAFETY CODE STANDARD It is the practice and policy of NATI to ensure the safety of each Individual times by providing a facility that is safe including during an unexpected emergencituation. The facility failed to ensure a sprinkler system was properly installed in accordance with Edition 2012 of NFPA 10 Life Safety Code, Section 33.2.3.5. This in the potential to affect all seven individuals the facility. Silco is to come out and install sprinkler head in the southwest stainwell connecting the first floor to the basement. Compliance Date: 11/30/2019, NATI Facil Supervisor to monitor for compliance.	ual at cy O1, nad s in	11/30/2019		

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA 350400			(x2) multiple c a. building b. wing	enstruction BLD 01	СОМ	E SURVEY PLETED /09/2019
name of provider or supplier NEW AVENUES - EDGERTON				2441	address, city, stat EDGERTON RD ERSITY MEIGHTS			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETIO N
K \$351	above grade plane, s with NFPA 13R, Stan Installation of Sprinkle Residential Occupant including Four Stories permitted. Initiation of the fire also be required for existing installations in accord Where an automatic sattics used for living patorage, or fuel-fired exprinkler protected by not used for living purposes, storage equipment meet one of the protected by heat of activate the fire alarm according to 9.6.  2. Protected by autom system according to 9.6.  2. Protected by autom system according to 9.3. Constructed of fire-wood according to NF 33.2.3.5.3, 33.2.3.5.3.  This STANDARD is not by:  Based on observation facility failed to ensure was properly installed Edition 2012 of NFPA Code, Section 33.2.3.5. potential to affect all set the facility.	ystems in accordance dard for the er Systems in cies up to and a in Height, shall be arm system shall not up ance with 33.2.3.5.6. aprinkler is installed, surposes, equipment are July 5, 2019. Attics ge, or fuel-fired of the following: letection system to system to system to attic sprinkler	K S3	51				

STATEMENT OF (X1) (x2) multiple construction (X3) DATE SURVEY DEFICIENCIES PROVIDER/SUPPLIER/CLIA COMPLETED **BLD 01** a, building 366400 10/09/2019 b. wing name of provider or supplier street address, city, state, zip code **NEW AVENUES - EDGERTON** 2441 EDGERTON RD UNIVERSITY HEIGHTS OH, 44118 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) **PREFIX** (EACH DEFICICIENCY MUST BEPRECEDED PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETIO TAG BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE K S351 Continued From page 5 K S351 Findings include: On 10/09/19 at 10:25 A.M., during a tour of the facility with the maintenance supervisor, the safety and health consultant observed the southwest stairwell connecting the first floor to the basement was not sprinklered. Interview with the maintenance supervisor verified this finding at the time of discovery. K S352 K S352 NFPA 101 Sprinkler System - Supervisory 11/30/2019 483.470(i)(1)(i) LIFE SAFETY CODE STANDARD It is the practice and policy of BLD01 Sprinkler System - Supervisory Signals NATI to ensure the safety of each individual at 2012 EXISTING (Prompt) all times by providing a facility that is safe Where a required automatic sprinkler including during an unexpected emergency system is installed, supervisory situation. The facility falled to install attachments are installed and monitored supervisory switches on sprinkler system for integrity in accordance with NFPA 72, control valves in accordance with Edition 2012 National Fire Alarm and Signaling Code, of NFPA 101, Life Safety Code, Section and provide a signal that sounds and is 9.7.2.1, and Edition 2010 of NFPA 72, Fire displayed at a continuously attended Alarm and Signaling, Sections 17.16.1.2. This location or approved remote facility, when had the potential to affect all seven individuals sprinkler operation is impaired. in the facility. Silco will install an electronically An automatic sprinkler system in monitored backflow device. Compliance Date: accordance with NFPA 13D would not 11/30/2019. NATI Facilities Supervisor to require water flow alarms where a facility monitor for compliance. has smoke alarms or smoke detectors in accordance with NFPA 72. 9.7.2.1, 7.6 (NFPA 13D), NFPA 72 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility falled to install supervisory switches on sprinkler system control

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA 368400			(x2) multiple construction a. building b. wing	(X3) DATE SURVEY COMPLETED 10/09/2019			
name of provider or supplier  NEW AVENUES - EDGERTON				street address, city, state, zip code 2441 EDGERTON RD UNIVERSITY HEIGHTS OH, 44118					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICICIENCY MUST BEPRECEDED BY FULL		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE				
K \$352	Continued From page valves in accordance NFPA 101, Life Safet 9.7.2.1, and Edition 2 Alarm and Signaling, This had the potential individuals in the facility limited individuals in the facility with the masupervisor, the safety consultant observed to shut-off valve in the ble electronically supervisivalves isolating the banct electronically superand health consultant of either of these isolal impair the operation of system. Interview with supervised verified this of discovery.	with Edition 2012 of y Code, Section 010 of NFPA 72, Fire Sections 17.16.1.2. to affect all seven ity.  a.M., during a tour of aintenance and health he sprinkler system ue cabinet was led; however, the two lockflow device were envised. The safety further noted closing tion valves would if the sprinkler in the maintenance	K S3	52					